	Stricken language would	be deleted from and underlined language would be added to present law. Act 970 of the Regular Session Act 970 of the Regular Session
1	State of Arkansas	As Engrossed: \$3/20/25
2	95th General Assembly	A Bill
3	Regular Session, 2025	SENATE BILL 444
4		
5	By: Senator K. Hammer	
6	By: Representative L. Johnson	n
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8		For An Act To Be Entitled
9	AN ACT TO	AMEND THE MEDICAL ETHICS AND DIVERSITY ACT;
10	AND FOR OT	HER PURPOSES.
11		
12		
13		Subtitle
14	TO AN	MEND THE MEDICAL ETHICS AND
15	DIVE	RSITY ACT.
16		
17	BE IT ENACTED BY THE G	ENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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19	SECTION 1. Arka	nsas Code § 17-80-503(5), concerning the definition of
20	healthcare service wit	hin the Medical Ethics and Diversity Act, is amended to
21	read as follows:	
22	(5) "Heal	thcare service" means medical <u>research or medical</u> care
23	provided to a patient	at any time over the entire course of treatment,
24	including without limi	tation:
25	(A)	Initial examination;
26	(B)	Patient referral;
27	(C)	Counseling or psychological therapy;
28	(D)	Therapy;
29	(E)	Testing;
30	(F)	Research;
31	(G)	Diagnosis or prognosis;
32	(H)	Instruction;
33	(I)	Dispensing or administering, or both, of any drug,
34	medication, or device;	
35	(J)	Set up or performance of a surgery or other procedure;
36	(K)	Recordkeeping and recordmaking procedures and notes



1 related to treatment; and 2 (L) Other care or services provided by a medical 3 practitioner or healthcare institution; 4 5 SECTION 2. Arkansas Code § 17-80-504 is amended to read as follows: 6 17-80-504. Right of conscience. 7 (a) A medical practitioner, healthcare institution, or healthcare 8 payer: 9 (1) Has the right not to participate in a healthcare service 10 that violates his, her, or its conscience; 11 (2) Is not required to participate in a healthcare service that 12 violates his, her, or its conscience; 13 (3) Is not civilly, criminally, or administratively liable for 14 declining to participate in a healthcare service that violates his, her, or 15 its conscience; 16 (4) Is not civilly, criminally, or administratively liable for 17 the exercise of conscience rights not to participate in a healthcare service 18 by a medical practitioner employed, contracted, or granted admitting 19 privileges by a healthcare institution; and 20 Shall not be discriminated against in any manner based upon (5) 21 his, her, or its declining to participate in a healthcare service that 22 violates his, her, or its conscience. 23 (b) Exercise of the right of conscience is limited to conscience-based 24 objections to a particular healthcare service. 25 (c) <u>A worker in the medical field, whether a contractor or employee</u>, has the right to not facilitate or participate in an abortion, assisted 26 27 suicide, or gender transition procedure or service in any manner, except as 28 required by subsection (e) of this section and an abortion performed in 29 accordance with the Arkansas Human Life Protection Act, § 5-61-301 et seq., 30 and the Arkansas Unborn Child Protection Act, § 5-1-401 et seq. (d) A medical practitioner, healthcare institution, or healthcare 31 payer that holds himself, herself, or itself out to the public as religious, 32 33 states in its governing documents that it has a religious purpose or mission, 34 and has internal operating policies or procedures that implement its 35 religious beliefs has the right to make employment, staffing, contracting, 36 and admitting privilege decisions consistent with his, her, or its religious

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1 beliefs. 2 (d) (e)(1) The right of conscience described in subsection (a) of this 3 section does not include the right to deny emergency medical care as required 4 under 42 U.S.C. § 1395dd, as existing on January 1, 2021, or any other 5 federal law governing emergency medical treatment, as existing on January 1, 6 2021. 7 (2) Emergency medical care services provided at a hospital that 8 are required by 42 U.S.C. § 1395dd, as existing on January 1, 2025, and performed in accordance with the requirements of the Arkansas Human Life 9 Protection Act, § 5-61-301 et seq., and the Arkansas Unborn Child Protection 10 11 Act, § 5-1-401 et seq., are not violations of this subchapter. 12 (e)(1)(f)(1) When a medical practitioner declines to participate in a 13 healthcare service for reasons of conscience, the medical practitioner shall 14 alert the employing healthcare institution at the earliest reasonable time 15 and comply with any applicable protocol developed under this section. 16 (2)(A) A healthcare institution may develop a protocol for 17 situations in which a medical practitioner declines to participate in a 18 healthcare service. 19 (B) The protocol shall provide for prompt patient access 20 to medical records to facilitate transfer, if needed. 21 (3) This section does not require a healthcare institution or 22 medical practitioner to perform a healthcare service, counsel, or refer a 23 patient regarding a healthcare service that is contrary to the conscience of 24 the medical practitioner or healthcare institution. 25 (f)(1)(g)(1) This section does not prohibit an employer or contracting 26 healthcare institution from disclosing the specific healthcare services that 27 an applicant would be required to participate in if he or she is hired for 28 the position or contract. 29 (2) Upon being informed of the specific healthcare services 30 required of the position or contract, the applicant shall disclose whether 31 he, she, or it has a conscience objection to any of those required duties. 32 (3) However, a medical practitioner or healthcare institution 33 shall be able to decline to participate in a healthcare service that violates 34 his, her, or its conscience if the employer or contracting healthcare 35 institution, after employment, adds healthcare services to a medical 36 practitioner's or healthcare institution's duties that would require the

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11 (B) Not be required for any year in which the healthcare 12 payer will not exercise its conscience rights under this subchapter.

13 (h)(i) A healthcare payer shall not use a conscience objection to 14 refuse or reduce payments to a healthcare provider, healthcare institution, 15 or beneficiary for any product, service, or procedure that is not included in 16 the annual filing required under subdivision (g)(1) (h)(1) of this section.

17 (i)(j) A healthcare payer shall not compel by undue influence, fraud, 18 or duress a healthcare provider, healthcare institution, or beneficiary to 19 accept a contract or contract amendment that violates the conscience of the 20 healthcare provider, healthcare institution, or beneficiary.

21 (j)(k) The department may issue rules and take any other action 22 necessary or appropriate to enforce subsections (g)-(i) (h)-(j) of this 23 section.

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25 SECTION 3. Arkansas Code Title 17, Chapter 80, Subchapter 5, is 26 amended to add additional sections to read as follows:

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<u>17-80-507.</u> Protection from discrimination.

28 (a) A healthcare provider shall not be discriminated against because
 29 the healthcare provider:

30 (1) Provided, caused to be provided, or is about to provide or
 31 cause to be provided information relating to any act or omission the

32 <u>healthcare provider reasonably believes to be a violation of any provision of</u>

33 <u>this subchapter to:</u>

- 34 (A) His or her employer;
- 35 (B) The Attorney General;
- 36 (C) The Department of Health;

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1	(D) Any state agency charged with protecting healthcare		
2	rights of conscience;		
3	(E) The United States Department of Health and Human		
4	Services;		
5	(F) The United States Office for Civil Rights; or		
6	(G) Any state or federal agency charged with protecting		
7	healthcare rights of conscience; or		
8	(2) Testified, assisted, or participated, or is about to		
9	testify, assist, or participate, in a proceeding concerning a violation.		
10	(b) Unless the disclosure is specifically prohibited by law, a medical		
11	researcher, physician, or directly participating healthcare provider shall		
12	not be discriminated against because the medical researcher, physician, or		
13	directly participating healthcare provider discloses information, including		
14	by a formal or informal communication, transmission, or discussion, that the		
15	medical researcher, physician, or directly participating healthcare provider		
16	reasonably believes evidences:		
17	(1) Any violation of any law related to medical research or the		
18	provision of healthcare services; or		
19	(2) Gross mismanagement, a gross waste of funds, an abuse of		
19 20	(2) Gross mismanagement, a gross waste of funds, an abuse of authority, a practice or method of treatment that may put patient health at		
20	authority, a practice or method of treatment that may put patient health at		
20 21	authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety.		
20 21 22	<pre>authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care</pre>		
20 21 22 23	<pre>authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be</pre>		
20 21 22 23 24	<pre>authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care</pre>		
20 21 22 23 24 25 26 27	<pre>authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq., as existing on January 1, 2025.</pre>		
20 21 22 23 24 25 26 27 28	<pre>authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq., as existing on</pre>		
20 21 22 23 24 25 26 27 28 29	<pre>authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq., as existing on January 1, 2025.</pre> 17-80-508. First Amendment protections. (a)(1) A state licensing, certifying, or recognizing board or entity,		
20 21 22 23 24 25 26 27 28 29 30	authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq., as existing on January 1, 2025. <u>17-80-508. First Amendment protections.</u> (a)(1) A state licensing, certifying, or recognizing board or entity, or the Department of Health, shall not reprimand, sanction, revoke, or		
20 21 22 23 24 25 26 27 28 29 30 31	authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq., as existing on January 1, 2025. <u>17-80-508. First Amendment protections.</u> (a)(1) A state licensing, certifying, or recognizing board or entity, or the Department of Health, shall not reprimand, sanction, revoke, or threaten to revoke a license, certification, or registration of, or otherwise		
20 21 22 23 24 25 26 27 28 29 30 31 32	authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq., as existing on January 1, 2025. <u>17-80-508. First Amendment protections.</u> (a)(1) A state licensing, certifying, or recognizing board or entity, or the Department of Health, shall not reprimand, sanction, revoke, or threaten to revoke a license, certification, or registration of, or otherwise discriminate against, a medical practitioner for engaging in speech,		
20 21 22 23 24 25 26 27 28 29 30 31 32 33	authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq., as existing on January 1, 2025. <u>17-80-508. First Amendment protections.</u> (a)(1) A state licensing, certifying, or recognizing board or entity, or the Department of Health, shall not reprimand, sanction, revoke, or threaten to revoke a license, certification, or registration of, or otherwise discriminate against, a medical practitioner for engaging in speech, expression, or association that is protected from government interference by		
20 21 22 23 24 25 26 27 28 29 30 31 32 33 34	authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq., as existing on January 1, 2025. <u>17-80-508. First Amendment protections.</u> (a)(1) A state licensing, certifying, or recognizing board or entity, or the Department of Health, shall not reprimand, sanction, revoke, or threaten to revoke a license, certification, or registration of, or otherwise discriminate against, a medical practitioner for engaging in speech, expression, or association that is protected from government interference by the First Amendment of the United States Constitution, unless the board,		
20 21 22 23 24 25 26 27 28 29 30 31 32 33	authority, a practice or method of treatment that may put patient health at risk, or a substantial and specific danger to public health or safety. (c) Notwithstanding any other provision in this section, a complaint by a medical practitioner against another medical practitioner shall be submitted according to the peer review process mandated by the Health Care Quality Improvement Act of 1986, 42 U.S.C. § 11101 et seq., as existing on January 1, 2025. <u>17-80-508. First Amendment protections.</u> (a)(1) A state licensing, certifying, or recognizing board or entity, or the Department of Health, shall not reprimand, sanction, revoke, or threaten to revoke a license, certification, or registration of, or otherwise discriminate against, a medical practitioner for engaging in speech, expression, or association that is protected from government interference by		

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1	association was the direct cause of physical harm to a person with whom the
2	medical practitioner had a practitioner-patient relationship within the three
3	(3) years immediately preceding the incident of physical harm.
4	(2) The licensing, certifying, or recognizing board or entity,
5	or the department, as applicable, shall:
6	(A) Provide a medical practitioner with any complaints it
7	has received that may result in the revocation of the medical practitioner's
8	license, certification, or registration, within twenty-one (21) days after
9	receipt of the complaint; and
10	(B) Pay the medical practitioner an administrative penalty
11	of five hundred dollars (\$500) for each day the complaint is not provided to
12	the medical practitioner after the specified twenty-one (21) days.
13	(b) A political subdivision of this state shall not contract with,
14	approve, or require an individual to obtain certifications or credentials
15	issued or approved by a specialty board or other recognizing or certifying
16	entity that revokes the certification of, or refuses to issue certification
17	to, an individual because the individual has engaged in speech, expression,
18	or association that is protected from government interference by the First
19	Amendment of the United States Constitution if the individual was not
20	providing medical advice or treatment to a specific patient that resulted in
21	physical harm to the patient.
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23	/s/K. Hammer
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26	APPROVED: 4/21/25
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